| 06/22/2005 MBEYENE1 00000061 19238<br>01 FC:1251 120.00 DA | Li Total of  | forms are submitted. |      |  |  |  |  |
|--|--|----------------------|------|--|--|--|--|
|  | CERTIFICATE OF MAILING OR TRANSMISSIO  |                      |      |  |  |  |  |
|  | I hereby certify that this correspondence is being deposited with the United States Postal Service w mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 223 to the U.S. Patent and Trademark Office (Fax No. (703) 872-9306) on the date shown below. |                      |      |  |  |  |  |
|  | Typed or printed name  |                      |      |  |  |  |  |
|  | Signature  |                      | Date |  |  |  |  |
|  | W660800.1  |                      |      |  |  |  |  |

| PETITION FOR EXT  | Docket Number (Optional)<br>033171-47 |  |                     |            |                    |                        |  |  |  |  |
|---|---------------------------------------|--|---------------------|------------|--------------------|------------------------|--|--|--|--|
|   | 010                                   | In re Application  | on of<br>nd HAHN    |            |                    |                        |  |  |  |  |
|   | DIRE                                  | Application Number   |                     |            | Filed              |                        |  |  |  |  |
| 1   | C)                                    | 10/601,702 June 24, 2003 For ADHESIVE TAPE AND PROCESS FOR |                     |            |                    |                        |  |  |  |  |
| PRODUCING AND FOR ATTACHING A SEALING   |                                       |  |                     |            |                    |                        |  |  |  |  |
| Art Unit  |                                       |  |                     |            |                    |                        |  |  |  |  |
| `   | RADEMARKS                             | 1771   |                     |            | Daniel             | R. Zirker              |  |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                       |  |                     |            |                    |                        |  |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                       |  |                     |            |                    |                        |  |  |  |  |
| <b>☑</b> O  | (27 CED 1 17(                         | -)(1))   | <u>Fee</u><br>\$120 | Small Er   | ntity Fee<br>60    | \$ <u>120.00</u>       |  |  |  |  |
| ✓ One month  ☐ Two month  | •                                     |  | \$120<br>\$450      |            | 25                 | \$ <u>120.00</u><br>\$ |  |  |  |  |
|   | ths (37 CFR 1.17                      |  | \$430<br>\$1020     |            | 10                 | \$<br>\$               |  |  |  |  |
|   | ns (37 CFR 1.17                       |  | \$1590              |            | 95                 | \$<br>\$               |  |  |  |  |
|   | s (37 CFR 1.17                        | . , . , ,  | \$2160              |            | 080                | \$                     |  |  |  |  |
| ☐ Applicant claims small entity status. See 37 CFR 1.27.  |                                       |  |                     |            |                    |                        |  |  |  |  |
| ☐ A check in the amount of the fee is enclosed.   |                                       |  |                     |            |                    |                        |  |  |  |  |
| ☐ Payment by credit card. Form PTO-2038 is attached.  |                                       |  |                     |            |                    |                        |  |  |  |  |
| ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                       |  |                     |            |                    |                        |  |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (033171-47) I have enclosed a duplicate copy of this sheet.  |                                       |  |                     |            |                    |                        |  |  |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                                       |  |                     |            |                    |                        |  |  |  |  |
| I am the ☐ applicant/ir   | nventor                               |  |                     |            |                    |                        |  |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).   |                                       |  |                     |            |                    |                        |  |  |  |  |
| attorney or agent of record. Registration No. 36,092  |                                       |  |                     |            |                    |                        |  |  |  |  |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34   |                                       |  |                     |            |                    |                        |  |  |  |  |
|   |                                       |  |                     |            |                    |                        |  |  |  |  |
|   | Signatura                             |  |                     | <u> Ju</u> | ne 20, 200<br>Da   |                        |  |  |  |  |
| Tim L. Bracke   | Signature                             |  |                     | (2         | 02 <u>) 585-80</u> |                        |  |  |  |  |
| TIII L. Blacke  | (_                                    | Telephone Number   |                     |            |                    |                        |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                       |  |                     |            |                    |                        |  |  |  |  |
| Total offorms are submitted.  |                                       |  |                     |            |                    |                        |  |  |  |  |
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|   |                                       |  |                     |            |                    |                        |  |  |  |  |